

Danville Dental Group, PLC
Stuart V. Corso, D.M.D., Zahra Khorrami, D.D.S.
P.O. Box 230
31 Mountain View Drive
Danville, VT 05828
802-684-1133

MINOR/CHILD CONSENT

I _____, being the parent or guardian of
_____, do hereby request and authorize the dental staff
to perform necessary dental services for my child which are deemed advisable by the
doctor, whether or not I am present at the actual appointment when the treatment is
rendered.*

I can be reached at telephone number _____ should there be
an emergency or if there are questions relating to my child's treatment.

The following people can make dental decisions for my child:

This shall remain in effect unless I notify Dr. Corso or Dr. Khorrami.

Signature of parent or guardian _____

Date _____

*I understand that routine care may include cleaning, examination, tooth restorations,
fluoride treatments, x-rays and administration of anesthetics and specifically consent to
those services and to emergency care. I ask that I be called if any other work is required.